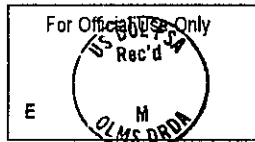


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> <b>12935</b>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> JAMES <input type="text"/> M <input type="text"/> CASSIDY P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 195 RIDGE ROAD City <input type="text"/> AVELLA State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 15312	4. Name, file number, and address of labor organization. Name <input type="text"/> ASBESTOS WORKERS LOCAL 2 Labor Organization File Number <input type="text"/> 035-280 P.O. Box, Building and Room Number, if any <input type="text"/> P.O. BOX 595 Street <input type="text"/> 1057 CLINTON ROAD City <input type="text"/> CLINTON State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 15026
5. Position in labor organization. <input type="text"/> ORGANIZER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <input type="text"/> <i>James M. Cassidy</i>	On <input type="text"/> 8/12/05 <input type="text"/> (724) 345-3395 Date Telephone Number

Name of Person Filing JAMES CASSIDY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ASBESTOS WORKERS LOCAL 2 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 595

Street 1057 CLINTON ROAD

City CLINTON

State Pennsylvania ZIP Code + 4 15026

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

EDUCATIONAL CONFERENCE EXPENSE

## 11.b. Approximate dollar value of such dealing.

\$1,265

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FENNELL CONSULTING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5516 MAPLE HEIGHTS ROAD

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15232

## 14.a. Nature of payment.

DINNER AND SALES PITCH

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

\$60

Name of Person Filing JAMES CASSIDY

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ASBESTOS WORKERS LOCAL 2

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 595

Street 1057 CLINTON ROAD

City CLINTON

State Pennsylvania ZIP Code + 4 15026

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

EDUCATIONAL CONFERENCE

11.b. Approximate dollar value of such dealing.

\$400

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing JAMES CASSIDY

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASBESTOS WORKERS LOCAL 2

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 595

Street 1057 CLINTON ROAD

City CLINTON

State Pennsylvania ZIP Code + 4 15026

9. Business deals with.

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

EDUCATIONAL CONFERENCE

11.b. Approximate dollar value of such dealing.

\$513

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing JAMES CASSIDY

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ASBESTOS WORKERS LOCAL 2 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 595

Street 1057 CLINTON ROAD

City CLINTON

State Pennsylvania ZIP Code + 4 15026

## 9. Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

RETURN OF UNUSED EXPENSE MONEY

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name STANTON GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3405 ANNAPOLIS LANE NORTH

City MINNEAPOLIS

State Minnesota ZIP Code + 4 55447

14.a. Nature of payment.

DINNER AT BENEFITS CONFERENCE

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FRANK M VACCARO AND ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 27 ROLAND AVENUE

City MOUNT LAUREL

State New Jersey ZIP Code + 4 08054-1038

14.a. Nature of payment.

DINNER AT BENEFITS CONFERENCE

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FEDERATED INVESTORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1001 LIBERTY AVENUE SUITES 2100

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15222

14.a. Nature of payment.

Dinner at Benefits Conference

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$60.00